Angled Flaue	Blue	eprint for Maryland's Future Accountability & Implementation Board											
	4	Start and/or end date included in Blueprint statute											
gend	•	Start and/or end date not included in Blueprint statute; dates in table are estimated based on Kirwan Commission final timeline											
ar 4	Mor	e Resources for Students Who Need Them	FY22	FY23	FY24	FY25	FY26	FY27	FY28	FY29	FY30	FY31	FY 3
4.1	Develo	p proxy for identifying students who need more resources to be successful											
	4.1.1	Include Medicaid data in Direct Certification of income eligibility data as a proxy for eligibility for free- and reduced-price meals (FRPM)		•									—
		4.1.1(a) MSDE submits interim report to the General Assembly and the AIB that includes the fiscal year for which Medicaid data can be incorporated into the Direct Certification of students eligible for the compensatory education program on or before 11/1/21	*										
	4.1.2	MSDE develops State alternative income eligibility form for compensatory education/Concentration of Poverty grant (CPG) programs		*									
		4.1.2(a) MSDE submits interim report to the General Assembly and the AIB that includes the plan for developing and using the State alternative income eligibility form on or before 11/1/21											
	4.1.3	MSDE submits final report on incorporating neighborhood indicators of poverty to determine a school's eligibility for additional supports by 11/1/22											
		4.1.3(a) Evaluate the American Community Survey data available to provide school district poverty estimates, as well as the Area Deprivation Index to rank neighborhoods by socioeconomic status		*									
	4.1.4	MSDE to collect the necessary data to implement the neighborhood indicators of poverty methodology recommended in 11/1/22 report											
4.2	Develo	p recommendations for improving the education of English learners (EL)											
	4.2.1	Establish a workgroup to collect student data and review instructional methods and services provided to English learners	♦										
		4.2.1(a) Workgroup shall collect data on the number and percent of EL students at each PK-12 school, the services available to them, and the accessibility of PK-12 teachers, administrators, and staff to EL students and their families	*										
		4.2.1(b) Workgroup shall review methods of teaching and providing services to EL students in public PK-12 schools in the State											
		4.2.1(c) Workgroup shall make recommendations on improving the education of EL students in PK-12 schools in the State, including addressing learning loss as a result of the COVID-19 pandemic	\rightarrow										
		4.2.1(d) The workgroup shall submit an interim report of its findings to the Governor and General Assembly on or before 12/1/21	\rightarrow										
	4.2.2	EL workgroup submits a final report with its findings and recommendations, including addressing learning loss resulting from the COVID-19 pandemic											
4.3	Increas	se per pupil funding for special education students and English learners											
	4.3.1	Increase per pupil funding for special education students	4									→	
		4.3.1(a) Special education per pupil amount increases annually between FY22-32 and remains at 146% of the target per pupil foundation amount from FY33 and thereafter	+										_
		4.3.1(b) Schools shall use special education per pupil amounts to provide services required by a student's IEP or 504 plan	+										7
		4.3.1(c) MSBE shall monitor how additional special education funding is being used, including the aggregate number of children receiving special education services and the supports provided to them through this funding											7
	4.3.2	Increase per pupil funding for English learners										-	
		4.3.2(a) English learner per pupil amount increases to include funding for EL family coordinators and remains at 85% of the target per pupil foundation amount from FY33 and thereafter		*									7
1.4	Fund c	ommunity school programs for schools with a high concentration of students living in poverty											
	4.4.1	Personnel grants awarded to schools where at least 55% of students are eligible for FRPM for a community school coordinator and healthcare coverage	+			\							
		4.4.1(a) LEAs that have more than 40 eligible schools may expend no more than 50% of the funds distributed by the State, provided that a plan is developed in consultation with eligible schools that meets staffing and spending requirements specified in the Blueprint and is submitted to the AIB	—			→							
		4.4.1(b) Health care coverage shall be provided by a licensed physician, physician's assistant, or registered nurse	—			→							>
		4.4.1(c) Eligible schools may only use excess personnel grant funds for providing wraparound services to students, completing needs assessments, and providing programming to meet certain COMAR requirements	—										-
	4.4.2	Community school coordinators conduct school-level needs assessments in partnership with local entities/agencies	—										
		4.4.2(a) The community school coordinator shall collaborate with the principal, a school health care practitioner, and a parent teacher organization or school council to complete the assessment	—										
		4.4.2(b) The community school coordinator shall assess the physical, behavioral, and mental health needs/wraparound service needs of students and their families and communities	-				♦						-
		4.4.2(c) The community school coordinator shall submit the needs assessment within one year of receiving a personnel grant to MSDE and the LEA	—				\						
		Provide per-pupil funding on a sliding scale for schools with a concentration of student poverty above 55%	*					\					
	4.4.3												

	4.4.3(b)	LEAs that have more than 40 eligible schools may expend no more than 50% of the funds distributed by the per pupil grant, provided that a plan is developed in consultation with eligible schools that meets program and service requirements specified in the Blueprint and is submitted to the AIB							t
Enhan	ce studen	t health services							
4.5.1	LEAs hire	system-level behavioral health coordinators	4						Γ
	4.5.1(a)	MSDE shall dedicate staff to coordinate with behavioral health service coordinators and LEA staff, including designating an employee to be the primary contact for school behavioral health services and expand services through coordinated community supports partnerships	•						T
	4.5.1(b)	Maryland Department of Health (MDH) shall designate an employee to be the primary contact for school behavioral health services	•						Ī
4.5.2	Each loca	l school system develops a plan to enhance and expand school behavioral health supports	*						
	4.5.2(a)	LEAs shall use State and federal funds provided for COVID-19 relief to address trauma and behavioral health issues exacerbated by the pandemic on students and their families	V						
	4.5.2(b)	LEAs shall submit a plan on or before 9/1/21 to the AIB and the General Assembly that outlines spending the FY22 COVID-19 relief funds	\Rightarrow						
	4.5.2(c)	LEAs shall submit a report on or before 1/1/22 to the AIB, Governor, and General Assembly on how the county board spent funds provided in FY21 to address trauma and behavioral health issues through summer school programs	ϕ						
	4.5.2(d)	LEAs must describe how they will provide students with needed services, including community-partnered behavioral health services, as part of their Blueprint implementation plans		\Rightarrow					Ī
4.5.3	As part o	required annual training, LEAs teach school staff to recognize behavioral health issues in students	\rightarrow						Ì
	4.5.3(a)	MSBE shall require all certificated school personnel who have direct contact with students on a regular basis to complete training on or before 12/1 on skills required to, among other things, recognize student behavioral issues and students experiencing trauma or violence	\Rightarrow						1
	4.5.3(b)	MSBE shall adopt regulations to implement behavioral health training							
4.5.4	Impleme	nt the Consortium on Coordinated Community Supports to meet student behavioral health needs		*					Ī
	4.5.4(a)	MSDE shall work with the Consortium, MLDS, and other youth-service agencies to establish shared goals, processes to collect and share data, and ways to leverage and blend funding to support behavioral health in schools		*					Ī
	4.5.4(b)	The Consortium shall develop a statewide framework for community supports partnerships that ensures supports and services are provided in a holistic and nonstigmatized manner and is coordinated with other youth-serving government agencies		*					I
	4.5.4(c)	The Consortium shall develop a model for expanding available support services to all students in each local school system		*					Ī
	4.5.4(d)	The Consortium shall develop and implement a grant program to award grants to coordinated community supports partnerships with funding necessary to deliver supports and services to meet holistic behavioral health needs		*					I
	4.5.4(e)	The Consortium shall evaluate how a reimbursement system could be developed through the Maryland Department of Health or a private conractor to reimburse providers participating in a coordinated community supports partnership		+					Ī
	4.5.4(f)	The Consortium, in consultation with MSDE, shall develop best practices for the creation and implementation of a positive classroom environment for all students that recognizes the disproportionality of classroom management referrals		+					Ī
	4.5.4(g)	The Consortium shall develop a geographically diverse plan to ensure each student can access services and supports that meet the student's behavioral health needs and related challenges within a 1-hour drive of their residence		+					Ī
	4.5.4(h)	The Consortium, in consultation with the National Center on School Mental Health and in coordination with MLDS and the AIB, shall develop metrics to determine whether community partnership services are positively impacting students, their families, and their communities		*					I
	4.5.4(i)	The Governor shall include increasing amounts in the annual budget bill to the Coordinated Community Supports Partnership Fund between FY23-26 and remains at \$130,000,000 in FY26 and thereafter		+		\			Ī
	4.5.4(j)	The Consortium shall submit an annual report on 7/1 to the AIB, the Governor, and the General Assembly on the Consortium's activities, the creation of community supports partnerships and the areas served by the partnerships, and grants awarded to the partnerships (initial report due 12/1/22)		*					Ī
	4.5.4(k)	The Consortium shall use accountability metrics to develop best practices to be used by a coordinated community supports partnership to deliver supports and services and maximize federal, local, and private funding							Ī
4.5.5	Increase	and expand school-based health centers (SBHCs)		*					Ī
	4.5.5(a)	MSDE and the Maryland Department of Health shall each designate a primary contact employee to assist individuals involved in SBHCs; provide technical assistance to support the establishment/expansion of SBHCs; and coordinate efforts to build a network of SBHCs	•						İ
	4.5.5(b)	The Governor shall appropriate \$6,500,000 in the annual budget to MSDE to provide grants and establish/maintain SBHCs							Ŧ